



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Person Completing the
Report: Sunday Spong

Email Address: sbspong@stvincent.org

Medicare Provider Number: 151307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9785383
Outpatient Patient Service Revenue	\$50841847
Total Gross Patient Service Revenue	\$60627230

2. Deductions From Revenue

Contractual Allowance	\$31591826
Other Deductions	\$6287434
Total Deductions	\$37879260

3. Total Operating Revenue

Net Patient Service Revenue	\$22747968
Other Operating Revenue	\$638140
Total Operating Revenue	\$23386108

4. Operating Expenses

Salaries and Wages	\$9637798	Employee Benefits	\$2615470
Depreciation and Amortization	\$432228	Interest Expense	\$144387
Bad Debt	\$1592715	Other Expenses	\$7181819
Total Operating Expenses	\$21604417		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1781691	Total Assets	\$43117142
Net Non-operating Gains over Loss	\$2354724	Total Liabilities	\$7792991
Total Net Gains	\$4136415		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$29525756	\$20029254	\$9496502
Medicaid	\$8352524	\$6356161	\$1996363
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$22748948	\$11493845	\$11255103
Total	\$60627228	\$37879260	\$22747968

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$4450	\$591	\$3859

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	127
Number of Hospital Patients Educated	804
Number of Citizens Exposed to Health Education Messages	443

Statement Six: Charity Statement

Hospital Charity Charges	\$44626414
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1354077	
HCI Payments	\$0		
Subtotal	\$0	\$1354077	\$-1354077
Medicaid Shortfalls	\$0	\$1869118	
Subtotal	\$0	\$3223195	\$-3223195
DSH Payments	\$0		
Subtotal	\$0	\$3223195	\$-3223195
Medicare Shortfalls	\$0	\$-89589	
Other Government Programs	\$0	\$0	
Total	\$0	\$3133606	\$-3133606

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$169661	\$-169661
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

